

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90097 011 ***150.00

DOCUMENT # P94000089120
 1. Entity Name
JURASSIC AGE ENTERTAINMENT CORPORATION



Principal Place of Business Mailing Address
 4934 17 AVE NO 4934 17 AVE NO
 ST PETERSBURG FL 33710 ST PETERSBURG FL 33710
 US US

2. Principal Place of Business 3. Mailing Address
5188 216 St. **P.O. Box 37**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Lake City FL **O'Brien, FL**
 Zip Country Zip Country
32024 **Suwannee** **32071** **Suwannee**



MOORE CR2E034 (11/03)

4. FEI Number **59-3283143** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Name and Address of Current Registered Agent
SHERILYN DORRITIE
4934 17 AVE NO
ST PETERSBURG FL 33710
 7. Name and Address of New Registered Agent
 Name **Sherilyn Dorritie**
 Street Address (P.O. Box Number is Not Acceptable)
5188 216 St.
 City **Lake City** **FL** Zip Code **32024**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE Sherilyn Dorritie Sherilyn Dorritie **4-15-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State
 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DORRITIE, RICHARD F 4934 17TH AVE NORTH ST PETERSBURG FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DORRITIE, Richard F. 5188 216 St. Lake City FL 32024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DORRITIE, SHERILYN 4934 N 17 AVE ST PETERSBURG FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DORRITIE, Sherilyn 5188 216 St. Lake City FL 32024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sherilyn Dorritie Sherilyn DORRITIE **4-15-04** **386-935-4803**
Signature and typed or printed name of signing officer or director Date Daytime Phone #